## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/585995

| Enective December 6, 2004 |  |   |  |  |  |                             |         |                    | 10//0/999              |    |                     |                        |
|---------------------------|--|---|--|--|--|-----------------------------|---------|--------------------|------------------------|----|---------------------|------------------------|
|                           |  | CLAIMS  | AS FILED -   |  | (Column 2)                               |                             |         | SMALL ENTIT        |                        | OR | OTHER<br>SMALL      |                        |
| U.S                       | . NATIONAL                                     | STAGE FEES  |  |  | <u> </u>                                 | ( <u>-/</u>                 | 1 [     | RATE               | FEE                    | 7  | RATE                | FEE                    |
| BAS                       | SIC FEE  |   | SMALL ENT. = \$ 150  |  | LAR                                      | GE ENT. = \$ 300            |         | BASIC FEE          |                        | OR | BASIC FEE           | 300                    |
| EXAMINATION FEE           |  |   | Satisfies PCT Article 33(1)-<br>(4) = \$50/\$100                 |  |  | ther situations =           | E       | EXAM. FEE          |                        |    | EXAM. FEE           | 200                    |
| SEARCH FEE                |  |   | U.S. Is ISA = \$50 / \$100<br>ALL other countries = 5200 / \$400 |  | . ALL other situations = \$ 250 / \$ 500 |                             | S       | EARCH FEE          |                        |    | SEARCH FEE          | 4w                     |
| FEE FOR EXTRA SPEC. PGS.  |  |   | minus 100 =  |  | / 50 =                                   |                             |         | X \$ 125 =         |                        | 1  | X \$ 250 =          |                        |
| TO1                       | AL CHARGEAI                                    | BLE CLAIMS  | /5 mir   | nus 20 =                                 | * -                                      |                             |         | X \$ 25 =          |                        | OR | X \$ 50 =           | 1                      |
| IND                       | EPENDENT CL                                    | AIMS  | <b>4</b> m   | inus 3 =                                 | * <i>J</i>                               |                             |         | X \$ 100 =         |                        | OR | X \$ 200 =          | 200                    |
| MUL                       | TIPLE DEPEN                                    | DENT CLAIM PR   | ESENT  |  |  |                             |         | + \$ 180 =         |                        | OR | + \$ 360 =          | 360                    |
| * If                      | the difference                                 | in column 1 is  | ess than zero, enter "0" ir                                      |  |  | lumn 2                      | · L     | TOTAL              |                        | OR | TOTAL               | 1460                   |
|                           | CLAIMS AS A (Column 1) CLAIMS REMAINING        |   | AMENDED  | MENDED - PART II  (Column HIGHEST NUMBER |  | (Column 3)                  |         | SMALL E            | NTITY<br>ADDI-         | OR | OTHER<br>SMALL E    |                        |
| AMENDMENT A               |  | AFTER<br>AMENDMENT  |  | PREVIO<br>PAID                           | DUSLY                                    | EXTRA                       |         | RATE               | TIONAL<br>FEE          |    | RATE                | TIONAL<br>FEE          |
|                           | Total  | *   | Minus  | **                                       |  | =                           |         | X \$ 25 =          |                        | OR | X \$ 50 =           |                        |
|                           | Independent                                    | *   | Minus  | ***                                      |  | =                           |         | X \$ 100 =         |                        | OR | X \$ 200 =          |                        |
|                           | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |  |  |                             |         | + \$ 180 =         |                        | OR | + \$ 360 =          |                        |
|                           |  |   |  |  |  |                             | T       | OTAL ADDIT.<br>FFF |                        | OR | TOTAL ADDIT.<br>FFF |                        |
|                           |  | (Column 1)  | <b>-</b>   | (Colun                                   |  | (Column 3)                  |         |                    |                        |    |                     |                        |
| AMENDMENT B               |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |  | HIGHI<br>NUME<br>PREVIO<br>PAID F        | BER<br>USLY                              | PRESENT<br>EXTRA            |         | RATE               | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|                           | Total  | *   | Minus  | **                                       |  | =                           |         | X \$ 25 =          |                        | OR | X \$ 50 =           |                        |
|                           | Independent                                    | *   | Minus  | ***                                      |  | =                           | 7       | X \$ 100 =         |                        | OR | X \$ 200 =          |                        |
|                           | FIRST PRES                                     | ENTATION OF M   | ULTIPLE DEPE   | NDENT C                                  | LAIM                                     |                             |         | + \$ 180-=         |                        | or | + \$ 360 =          |                        |
|                           |  |   |  |  |  |                             | TO      | OTAL ADDIT.<br>FFF |                        | OR | TOTAL ADDIT.<br>FFF |                        |
| ***                       | if the "Highest Nu<br>If the "Highest Nu       | imn 1 is less than the<br>mber Previously Pai<br>mber Previously Paid<br>nber Previously Paid | d For" IN THIS SPA<br>d For" IN THIS SPA                         | ACE is less<br>ACE is less               | than '20'                                | ', enter "20".<br>enter "3" | n the a | ppropriate box     | in column 1.           |    |                     |                        |